

Application Data Sheet



Application Information

Application Type:: Regular
Subject Matter:: Utility
Title:: METHOD OF TRACKING AND DISPENSING MEDICAL ITEMS
Attorney Docket Number:: D-1137
Request for Early Publication?:: No
Request for Non-Publication?:: YES
Suggested Drawing Figure:: 68
Total Drawing Sheets:: 105
Small Entity:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Inventor Information

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: R.
Middle Name:: Michael
Family Name:: McGrady
Name Suffix::
City of Residence:: Baden
State or Prov. Of Residence:: PA
Country of Residence:: US
Street:: 218 Woodcroft Road
City:: Baden
State or Province:: PA
Country:: US
Postal or Zip Code:: 15005

100-200-300-400-500-600

Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Kevin
Middle Name::	
Family Name::	Mowry
Name Suffix::	
<u>City of Residence::</u>	<u>Level Green</u>
<u>State or Prov. Of Residence::</u>	<u>PA</u>
<u>Country of Residence::</u>	<u>US</u>
Street::	<u>601 Cherry Drive</u>
City::	<u>Level Green</u>
<u>State or Province::</u>	<u>PA</u>
Country::	<u>US</u>
Postal or Zip Code::	<u>15085</u>

Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Maria
Middle Name::	
Family Name::	Robinson
Name Suffix::	
<u>City of Residence::</u>	<u>Wexford</u>
<u>State or Prov. Of Residence::</u>	<u>PA</u>
<u>Country of Residence::</u>	<u>US</u>
Street::	<u>2524 Brandt School Road</u>
City::	<u>Wexford</u>
<u>State or Province::</u>	<u>PA</u>
<u>Country::</u>	<u>US</u>
Postal or Zip Code::	15090

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Linda
Middle Name::
Family Name:: Dean
Name Suffix::
City of Residence:: Cranberry Township
State or Prov. Of Residence:: PA
Country of Residence:: US
Street:: 77 Monmouth Drive
City:: Cranberry Township
State or Province:: PA
Country:: US
Postal or Zip Code:: 16066

Correspondence Information

Correspondence Customer Number:: 28995
Name:: Ralph E. Jocke
Street:: 231 South Broadway
City:: Medina
State or Province:: OH
Country:: US
Postal or Zip Code:: 44256
Phone Number:: (330) 721-0000
Fax Number:: (330) 722-6446

Representative Information

Representative Customer Number:: 28995
Designation:: Registration Number:: Name::
Primary 31,029 Ralph E. Jocke

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/202,508	5/5/2000

Assignee Information

Assignee Name:: Diebold, Incorporated